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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is or your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee	First name R. Middle name Richmond	First name Middle name Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you had used in the last 8 years Include your married or maiden names.			
3.	Only the last 4 digits o your Social Security number or federal Individual Taxpayer Identification number (ITIN)	f xxx-xx-0352		

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Debtor 1 William R. Richmond Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	767 Vinnedge Avenue	If Debtor 2 lives at a different address:
		Fairfield, OH 45014 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Butler County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Document Page 3 of 55 Debtor 1 William R. Richmond Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. Southern District of When 4/30/13 Case number 1:13-bk-12085 District Ohio When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor District When Case number, if known Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

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Document Page 4 of 55 Case number (if known) Debtor 1 William R. Richmond Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? ☐ Yes. Name and location of business A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

For example, do you own

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 William R. Richmond

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 William R. Richmond Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ William R. Richmond Signature of Debtor 2 William R. Richmond Signature of Debtor 1 Executed on December 6, 2019 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 William R. Richmond Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Andrew L. Ruben	Date	December 6, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Andrew L. Ruben OH-0085466		
Printed name		
Minnillo & Jenkins Co LPA		
Firm name		
2712 Observatory Avenue		
Cincinnati, OH 45208		
Number, Street, City, State & ZIP Code		
Contact phone 513-723-1600	Email address	pjminnillo@minnillojenkins.com
OH-0085466 OH		
Bar number & State		

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		Docume	ent Page 8 of 55	
Fill in this infor	mation to identify your	case:		
Debtor 1	William R. Richm	ond		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number _				☐ Check if this is an
(amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

гаі	t1: Summarize Your Assets		
		Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	97,000.0
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	10,720.0
	1c. Copy line 63, Total of all property on Schedule A/B	\$	107,720.0
aı	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	133,048.7
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	12,605.6
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	3,547.8
	Your total liabilities	\$	149,202.17
Par	t3: Summarize Your Income and Expenses		
١.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,235.0
j.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,235.0
ar	t 4: Answer These Questions for Administrative and Statistical Records		
ò.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 William R. Richmond Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,671.58

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
rom rate ron concado 27, copy mo fonoming.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	12,605.64
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	12,605.64

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			Doc	ument	Page 10 of 55		•	
Fill in this infor	mation to identify	your case and th	is filing	j:				
Debtor 1	William R. Ri	chmond						
Debtor 2	First Name	Middle	Name		Last Name			
(Spouse, if filing)	First Name	Middle	Name		Last Name			
United States Ba	ankruptcy Court for	the: SOUTHER	N DIST	RICT OF OH	HIO			
Case number								☐ Check if this is an
					<u> </u>			☐ Check if this is an amended filing
Official Fo	orm 106A/B	1						
_	le A/B: Pr	•						12/15
			an asset	only once. If	f an asset fits in more than one	category, lis	st the asset in	
Answer every que		uilding, Land, or Ot	her Real	Estate You C	Own or Have an Interest In			
. Do you own or	have any legal or eq	uitable interest in a	ny resid	ence, buildin	g, land, or similar property?			
☐ No. Go to Pa	ırt 2.							
Yes. Where	is the property?							
1.1 767 Vinne	edge Avenue		What		rty? Check all that apply			
	, if available, or other desc	cription	_	Single-family	y nome iulti-unit building			ims or exemptions. Put I claims on Schedule D:
				•	m or cooperative	Creditors V	Vho Have Clain	ns Secured by Property.
				Manufactura	ed or mobile home			
Fairfield	ОН	45014-0000		Land	ed of mobile nome	Current va		Current value of the portion you own?
City	State	ZIP Code		Investment p	property		97,000.00	\$97,000.00
				Timeshare		Describe t	he nature of y	our ownership interest
			Who	Other has an intere	est in the property? Check one		ee simple, tena e), if known.	ancy by the entireties, or
				Debtor 1 onl				
Butler				Debtor 2 onl	•			
County					d Debtor 2 only			munity property
			Other		of the debtors and another you wish to add about this item	,	structions)	
					ation number:	, 000 00 .0		
2. Add the dol	llar value of the no	rtion you own fo	r all of v	vour entries	s from Part 1, including any	entries for		\$97,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 V	Villiam R. Richmond		Case number (if known)	
B. Cars, vans,	, trucks, tractors, sport utility ve	ehicles, motorcycles		
□ No				
Yes				
0.4 Males	Hyundai	Who has an interest in the assessment O.O.	Do not deduct secur	red claims or exemptions. Put
3.1 Make:	Veracruz	Who has an interest in the property? Check one	the amount of any s	ecured claims on Schedule D:
Model: Year:	2008	■ Debtor 1 only □ Debtor 2 only		e Claims Secured by Property.
	mate mileage: 107k	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of th entire property?	e Current value of the portion you own?
	formation:	☐ At least one of the debtors and another	ciiiio proporty :	portion you out
			AT 107	••
		Check if this is community property	\$5,125.	00 \$5,125.00
		(see instructions)		
.pages you Part 3: Descri	have attached for Part 2. Write be Your Personal and Household It	on for all of your entries from Part 2, including that number hereems eterest in any of the following items?		\$5,125.00 Current value of the portion you own?
	goods and furnishings Major appliances, furniture, linens	s, china, kitchenware		Do not deduct secured claims or exemptions.
Yes. De	escribe			
		tv, stove, refrigerator, microwave, living t, bedrrom set, washer, dryer, misc. tools		\$1,500.00
		eo, stereo, and digital equipment; computers, pri nedia players, games	nters, scanners; music col	llections; electronic devices
■ No □ Yes. De	escribe			
3. Collectibles Examples:	s of value Antiques and figurines; paintings,	prints, or other artwork; books, pictures, or other	art objects; stamp, coin, o	or baseball card collections;
■ No □ Yes. De	other collections, memorabilia, co	DILECTIDIES		
Examples:	for sports and hobbies Sports, photographic, exercise, as musical instruments	nd other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes ar	nd kayaks; carpentry tools;
■ No □ Yes. De	escribe			
10. Firearms Examples ■ No	s: Pistols, rifles, shotguns, ammun	ition, and related equipment		
Yes. De	escribe			

Official Form 106A/B

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Debto	or 1 William I	R. Richmon	d	Case number (if known)	
	othes	av clothes, fur	s leather coats, de	signer wear, shoes, accessories	
		ay olothoo, rai	s, leather coats, ac	signer wear, andees, accessories	
	Yes. Describe				
		clothi	ng		\$100.00
12 14	ewelry				
		ay jewelry, co	stume jewelry, enga	agement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
_	No				
	Yes. Describe				
	on-farm animals Examples: Dogs, c		ses		
	No				
	Yes. Describe				
14. A ı	ny other persona	al and house	hold items you did	not already list, including any health aids you did not list	
	No				
	Yes. Give specifi	ic information			
				Part 3, including any entries for pages you have attached	\$1,600.00
•					
Part 4	Describe Your F	Financial Asset	s		
				n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
ıc c					ciamic of exemptions.
16. C :		you have in y	our wallet, in your h	ome, in a safe deposit box, and on hand when you file your petit	ion
	No				
	Yes				
				Cash	\$50.00
	eposits of money				
Ε				counts; certificates of deposit; shares in credit unions, brokerage s with the same institution, list each.	houses, and other similar
				·	
	Yes			Institution name:	
			.	1010	# 0.000.00
		17.1.	Checking	LCNB (account ending 8675)	\$3,600.00
		17.2.	Savings	LCNB (account ending 6641)	\$280.00
		47.0	Checking	North Side Bank and Trust Company (account ending 4157)	\$65.00
		17.3.	Checking	(account ending 4137)	
40 D			hataadad ataala		
			cly traded stocks ent accounts with br	okerage firms, money market accounts	
	Voc		Institution or issuer	name.	

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D	ebtor 1	William R. F	Richmond		Case number (if known)	
19.	joint v	ıblicly traded s enture	tock and interests in incorpora	ted and unincorporated business	ses, including an interest in	an LLC, partnership, and
	■ No □ Yes.	Give specific in	formation about them Name of entity:		% of ownership:	
20.	Negoti	able instrument	s include personal checks, cashie	ble and non-negotiable instrume rs' checks, promissory notes, and r fer to someone by signing or deliver	money orders.	
	☐ Yes.	Give specific inf	formation about them Issuer name:			
21.	Examp	nent or pension ples: Interests in		(b), thrift savings accounts, or other	r pension or profit-sharing plan	s
	■ No □ Yes.	List each accou	nt separately. Type of account:	Institution name:		
22.	Your s Examp		ed deposits you have made so the	at you may continue service or use olic utilities (electric, gas, water), tel		or others
	■ No □ Yes.			Institution name or individual:		
23.	. Annuiti	ies (A contract f	or a periodic payment of money t	o you, either for life or for a number	r of years)	
	■ No □ Yes	Is	ssuer name and description.			
24.	26 U.S.0		ion IRA, in an account in a qual 529A(b), and 529(b)(1).	ified ABLE program, or under a c	qualified state tuition progra	m.
	■ No □ Yes	lı	nstitution name and description. S	Separately file the records of any int	terests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or fu	uture interests in property (othe	er than anything listed in line 1), a	and rights or powers exercis	able for your benefit
		Give specific in	formation about them			
26.			rademarks, trade secrets, and omain names, websites, proceeds	other intellectual property from royalties and licensing agreen	nents	
		Give specific in	formation about them			
27.	Examp ■ No	oles: Building pe	, ,	ative association holdings, liquor lic	enses, professional licenses	
		·	formation about them			
M	oney or	property owed	to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	. Tax ref ■ No	unds owed to	you			
	☐ Yes.	Give specific inf	formation about them, including w	hether you already filed the returns	and the tax years	
29.	. Family Examp ■ No		r lump sum alimony, spousal supp	port, child support, maintenance, di	vorce settlement, property set	dement
	☐ Yes.	Give specific inf	formation			

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Debtor 1 William R. Richmond Case number (if known)

30. Other amounts someone owes you

30.			ility benefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	■ No	a .cac yeaaac to cococ c.cc		
	☐ Yes. Give specific infor	mation		
	Interests in insurance po Examples: Health, disabi		ecount (HSA); credit, homeowner's, or renter's insuran	nce
		ce company of each policy and list its v	value	
	☐ Yes. Name the insurant	Company name:	Beneficiary:	Surrender or refund value:
32.		that is due you from someone who of a living trust, expect proceeds from	has died a life insurance policy, or are currently entitled to rec	eive property because
	someone has died.		, , , , , , , , , , , , , , , , , , ,	
	■ No			
	☐ Yes. Give specific infor	mation		
	Examples: Accidents, em	ties, whether or not you have filed a ployment disputes, insurance claims, o	lawsuit or made a demand for payment or rights to sue	
	■ No □ Yes. Describe each cla	im		
		liquidated claims of every nature, ir	ncluding counterclaims of the debtor and rights to	set off claims
	■ No			
	☐ Yes. Describe each cla	im		
	Any financial assets you ■ No	ı did not already list		
	☐ Yes. Give specific infor	mation		
36			ding any entries for pages you have attached	\$3,995.00
Pa	rt 5: Describe Any Busines	s-Related Property You Own or Have an I	nterest In. List any real estate in Part 1.	
37.	Do you own or have any leg	al or equitable interest in any business-re	elated property?	
	No. Go to Part 6.			
	Yes. Go to line 38.			
Pa		d Commercial Fishing-Related Property terest in farmland, list it in Part 1.	You Own or Have an Interest In.	
46.	Do you own or have any No. Go to Part 7.	legal or equitable interest in any fa	rm- or commercial fishing-related property?	
	Yes. Go to line 47.			
	Tes. Go to line 47.			
Pa	Describe All Prop	erty You Own or Have an Interest in That	You Did Not List Above	
	Examples: Season tickets	erty of any kind you did not already s, country club membership	list?	
	■ No□ Yes. Give specific inform	mation		
	- 103. Olve specific illion	nauon		
54	. Add the dollar value of	all of your entries from Part 7. Write	e that number here	\$0.00

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Case number (if known)

Deb	otor 1 William R. Richmond		Case number (if known)	
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$97,000.00
56.	Part 2: Total vehicles, line 5	\$5,125.00		
57.	Part 3: Total personal and household items, line 15	\$1,600.00	_	
58.	Part 4: Total financial assets, line 36	\$3,995.00	_	
59.	Part 5: Total business-related property, line 45	\$0.00	_	
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00	_	
61.	Part 7: Total other property not listed, line 54	+ \$0.00	-	
62.	Total personal property. Add lines 56 through 61	\$10,720.00	Copy personal property total	\$10,720.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$107,720.00

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on to identify your o	ase:			
Villiam R. Richmo	ond			
rst Name	Middle Name	Last Name		
rst Name	Middle Name	Last Name		
otcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
				☐ Check if this is an amended filing
	•	Villiam R. Richmond rst Name Middle Name rst Name Middle Name	Villiam R. Richmond rst Name Middle Name Last Name rst Name Middle Name Last Name	Villiam R. Richmond rst Name Middle Name Last Name rst Name Middle Name Last Name

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property	You Claim as Exempt
-------------------------------	---------------------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Copy the value from Check only one box for each exemption.			
767 Vinnedge Avenue Fairfield, OH 45014 Butler County	\$97,000.00		\$145,425.00	Ohio Rev. Code Ann. § 2329.66(A)(1)	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
2008 Hyundai Veracruz 107k miles Line from Schedule A/B: 3.1	\$5,125.00		\$4,000.00	Ohio Rev. Code Ann. § 2329.66(A)(2)	
Line Holli Schedule A.B. 3.1			100% of fair market value, up to any applicable statutory limit	2020.00(n)(2)	
couch, chairs, tv, stove, refrigerator, microwave, living room set, dining	\$1,500.00		\$1,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
room set, bedrrom set, washer, dryer, misc. tools, cell phone Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	2020.00(*)(*)(u)	
clothing Line from Schedule A/B: 11.1	\$100.00		\$100.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line IIom Schedule A/B. TTT			100% of fair market value, up to any applicable statutory limit	2020.00(A)(4)(u)	
Cash Line from Schedule A/B: 16.1	\$50.00		\$50.00	Ohio Rev. Code Ann. § 2329.66(A)(3)	
Ellio Hotti Gorioddio 77D. 1911			100% of fair market value, up to any applicable statutory limit	2020:00(: .)(0)	

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Debtor 1 William R. Richmond Case number (if known)

DCDIO	William N. Michillona				
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.			Specific laws that allow exemption
	hecking: LCNB (account ending 675)	\$3,600.00		\$450.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
	ne from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	2020.00(\(\alpha\)(0)
	hecking: LCNB (account ending	\$3,600.00		\$1,325.00	Ohio Rev. Code Ann. § 2329.66(A)(18)
	ne from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	, ,
	re you claiming a homestead exemption Subject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ises fi	•	,

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		Document	Page 1	8 of 55		
Fill in this inform	nation to identify you	ır case:				
Debtor 1	William R. Rich	mond				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	SOUTHERN DISTRICT OF OF	HIO			
Case number						off the factor and
(ii kilowii)						t if this is an ded filing
						aca ming
Official Form	n 106D					
Schedule	D: Creditors	Who Have Claims	Secure	ed by Propert	У	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors	have claims secured by	y your property?				
☐ No. Check	this box and submit t	his form to the court with your other	schedules.	You have nothing else t	o report on this form.	
Yes. Fill in	all of the information	below.				
Part 1: List Al	I Secured Claims					
		more than one secured claim, list the cre			Column B	Column C
		s a particular claim, list the other creditor cal order according to the creditor's nam		Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Butler Cou	unty Treasurer	Describe the property that secures	the claim:	value of collateral. \$5.980.85	claim \$97.000.00	If any \$0.00
Creditor's Name		767 Vinnedge Avenue Fairfi		Ψο,οσοίσο		Ψ0.00
		45014 Butler County	, -			
_	Street, 10th	As of the date you file, the claim is:	Check all that			
Floor Hamilton,	OH 45011	apply. Contingent				
	City, State & Zip Code	☐ Unliquidated				
,,	o.y, oo op oo.o	☐ Disputed				
Who owes the del	bt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as	mortgage or s	ecured		
Debtor 2 only		car loan)				
Debtor 1 and De	•	☐ Statutory lien (such as tax lien, me	chanic's lien)			
	ne debtors and another	☐ Judgment lien from a lawsuit	D1	1. T		
☐ Check if this cla community del		Other (including a right to offset)	Real Esta	te raxes		
	2019 and					
Date debt was incu	previous rred years	Last 4 digits of account num	_{ber} 0053			

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Deb	tor 1 William R. Richmond			Case number (if known)		
	First Name Middle N	ame Last Name	_	` ′ =		
2.2	Consumer Portfolio Services, Inc.	Describe the property that secures t	he claim:	\$8,748.88	\$5,125.00	\$3,623.88
	Creditor's Name	2008 Hyundai Veracruz 107k			<u> </u>	
	Attn: Bankruptcy PO Box 57071	As of the date you file, the claim is:				
	Irvine, CA 92619-7071	apply.				
	Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated				
	Number, enest, eny, etate a Esp coue	☐ Disputed				
_	owes the debt? Check one.	Nature of lien. Check all that apply.				
_	ebtor 1 only	An agreement you made (such as recar loan)	nortgage or s	secured		
_	ebtor 2 only					
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
	t least one of the debtors and another	Judgment lien from a lawsuit	Durchas	Manay Coourity		
	check if this claim relates to a community debt	Other (including a right to offset)	Purchase	e Money Security		
	John Marie Good					
Date	debt was incurred 8/2018	Last 4 digits of account numl	per 1715	5		
2.3	SN Servicing Corporation	Describe the property that secures t		\$118,319.00	\$97,000.00	\$27,299.85
	Creditor's Name	767 Vinnedge Avenue Fairfice 45014 Butler County	eld, OH			
		As of the date you file, the claim is:	Check all that			
	323 Fifth Street	apply.	orroom air arac			
	Eureka, CA 95501	Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	Pebtor 1 only Pebtor 2 only	An agreement you made (such as a car loan)	mortgage or	secured		
_	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	shanic's lion)			
_	t least one of the debtors and another	☐ Judgment lien from a lawsuit	onanic s lienj			
_	Check if this claim relates to a	Other (including a right to offset)	First Mor	rtgage		
	community debt	— Other (including a right to onset)		-33-		
Date	debt was incurred	Last 4 digits of account numl	per <u>809</u> 0)		
Ad	d the dollar value of your entries in C	olumn A on this page. Write that num	ber here:	\$133,048.73		
	his is the last page of your form, add ite that number here:	the dollar value totals from all pages.		\$133,048.73		
VVI	ne that number here.			. ,		
Part	2: List Others to Be Notified fo	r a Debt That You Already Listed				
tryin than	g to collect from you for a debt you o	e notified about your bankruptcy for a we to someone else, list the creditor i you listed in Part 1, list the additiona is page.	n Part 1, and	d then list the collection agency	here. Similarly, if yo	ou have more
	Name, Number, Street, City, State & Sottile & Barile	Zip Code	On w	hich line in Part 1 did you enter th	e creditor? 2.3	
	394 Wards Corner Rd. Suite	e 180	Last	4 digits of account number	3_	

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			Documer	it Page	20 of 5	5		
Fill	l in this inform	ation to identify your	case:					
De	btor 1	William R. Richm	ond					
		First Name	Middle Name	Last Nam	9			
	btor 2							
(Spo	ouse if, filing)	First Name	Middle Name	Last Nam	9			
Un	ited States Ban	kruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO				
C2	se number							
	nown)						☐ Check	if this is an
							amend	ded filing
~,	<i>.</i>	400E/E						
	ficial Form							4044
			ho Have Unsecu e Part 1 for creditors with PR					12/15
Sch Sch left. nam	edule G: Execute edule D: Credito Attach the Conti ne and case num	ory Contracts and Unexp rs Who Have Claims Sec inuation Page to this pag	that could result in a claim. ired Leases (Official Form 10 ured by Property. If more space. If you have no information asecured Claims	6G). Do not inclu ice is needed, co	ide any creo py the Part	ditors with partially s you need, fill it out,	ecured claims that a number the entries i	are listed in in the boxes on the
1.	Do any creditor	s have priority unsecure	d claims against you?					
	☐ No. Go to Pa	ırt 2.						
	Yes.							
2.	List all of your possible, list the	e of claim it is. If a claim ha claims in alphabetical orde	s. If a creditor has more than or as both priority and nonpriority a er according to the creditor's na articular claim, list the other creditor.	amounts, list that one ime. If you have n	claim here ar	nd show both priority a	nd nonpriority amoun	its. As much as
	(For an explanat	ion of each type of claim, s	see the instructions for this forn	n in the instruction	booklet.)	Total claim	Priority amount	Nonpriority amount
2.1		airfield ditor's Name	Last 4 digits of	account number	0352	\$12,605.64	\$12,605.64	\$0.00
	•	Tax Department	When was the d	ebt incurred?	various			
	701 Wes							
		, OH 45014 reet City State Zip Code	As of the date v	ou file, the claim	is: Chook of	I that apply		
		the debt? Check one.	☐ Contingent	ou me, me ciami	is. Check a	і шасарріу		
	■ Debtor 1 or	alv	_					
	_		☐ Unliquidated					
	☐ Debtor 2 on		☐ Disputed	TVaaaad ale	·!····			
		nd Debtor 2 only		TY unsecured cla	um:			
	_	e of the debtors and anothe		-				
		is claim is for a commu	_	rtain other debts		•		
	_	ubject to offset?			ury while you	u were intoxicated		
	■ No □ Yes		Other. Specif	income ta	,			=
	La res			income ta	`			
Pa	rt 2: List All	of Your NONPRIORIT	Y Unsecured Claims					
3.	Do any creditor	s have nonpriority unsec	cured claims against you?					
	☐ No. You have	e nothing to report in this p	art. Submit this form to the cou	rt with your other	schedules.			
	Yes.							
4		nonnriority unaccured -	aims in the alphabetical orde	r of the eredite-	who holds	ach claim. If a are-lif	or has more than a = =	nonpriority
4.	unsecured claim	, list the creditor separately	y for each claim. For each clain ist the other creditors in Part 3.	n listed, identify w	nat type of cl	aim it is. Do not list cla	ims already included	in Part 1. If more

Total claim

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Debtor 1 William R. Richmond				
4.1	UC Health	Last 4 digits of account number	2123	\$3,547.80
	Nonpriority Creditor's Name		F/00/10	
	PO Box 630911	When was the debt incurred?	5/2019	
	Cincinnati, OH 45263-0911			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		

Type of NONPRIORITY unsecured claim:

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

☐ Student loans

report as priority claims

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

■ Other. Specify medical services

Part 4: Add the Amounts for Each Type of Unsecured Claim

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

■ No

☐ Yes

lacksquare At least one of the debtors and another

 \square Check if this claim is for a community

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	12,605.64
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	12,605.64
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	3,547.80
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	3,547.80

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Fill in this infor	mation to identify your	case:		
Debtor 1	William R. Richm	ond		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the or, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	-
2.5	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	

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Debtor 1			Docume	nt Page 23 c)T 55	
Debtor 1 William R. Richmond First Name Mode Name Last Name Last Name Mode Name Mode Name Last Name Mode Name Mode Name Last Name Mode Nam	Fill in this info	rmation to identify your	case:			
Debtor 2						
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number (if thrown) Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marriseople are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Pages, vour name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes: Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Form 166D). Schedule E/F, or Schedule Column 2: The creditor to whom you owe the Check all schedule E/F, inne Column 1: Your codebtor Name, Number, Street, Chy, State and ZIP Code 3.2 Name Number Schedule D, line Schedule D, line Schedule G, line	Debior 1			Last Name		
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO Case number (If known)	Debtor 2					
Case number Check if this is an amended filing	(Spouse if, filing)	First Name	Middle Name	Last Name		
Case number Check if this is an amended filing	United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Official Form 106H Schedule H: Your Codebtors 1: Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marriseople are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page to this page. On the top of any Additional Pages, voor name and case number (if known). Answer every question. 1. Do you have any codebtors? (if you are filling a joint case, do not list either spouse as a codebtor. No Ves 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Ves. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Form 106D), Schedule E/F, Official Form 106E/F), or Schedule G (Official Form 106D). Use Schedule E/F, or Schedule E/F, or Schedule C/F, line Schedule E/F, line Schedule E/F, line Schedule G, line Sched	oou olaice 2	annuaptoy countries and				
Official Form 106H Schedule H: Your Codebtors 12. Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marrispeople are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional III it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, viour name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Form 106D), Schedule E/F, Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule out Column 2. The creditor to whom you owe the Check all schedules that apply: Schedule E/F, line						
Official Form 106H Schedule H: Your Codebtors 12 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marrispeople are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional III it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, viour name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No ves 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Ves, Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Form 106D). Schedule E/F, Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule D, Schedule D, Schedule D, Schedule E/F, or Schedule City, State and ZIP Code Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line	(If Known)					
Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marriceople are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional lill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, viour name and case number (if known). Answer every question. 1. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor. No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Form 106D). Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule O, Schedule E/F, or Schedule O, Inne Name Street Number Street					amended filing	
Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marriceople are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional lill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, viour name and case number (if known). Answer every question. 1. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor. No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Form 106D). Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule O, Schedule E/F, or Schedule O, Inne Name Street Number Street	Official Fo	orm 106H				
Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marriceople are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional lill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, worur name and case number (if known). Answer every question. 1. Do you have any codebtors? (if you are filing a joint case, do not list either spouse as a codebtor. No Ses 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Ses Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule O, Schedule E/F, inne Schedule G, line Name Number Street State ZiP Code Schedule D, line Schedule G, line Schedule G, line Schedule G, line			-1-4			
people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Illi tout, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, wour name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No	Scheaule	H: Your Coa	eptors		12/1	5
Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the Check all schedules that apply: 3.1	■ No □ Yes 2. Within the Arizona, Ca ■ No. Go to □ Yes. Did 3. In Column	ne last 8 years, have you alifornia, Idaho, Louisiana, o line 3. your spouse, former spot	I lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your	operty state or territor erto Rico, Texas, Wash with you at the time?	ry? (Community property states and territories include ington, and Wisconsin.) r if your spouse is filing with you. List the person sho	
Name, Number, Street, City, State and ZIP Code Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line	Form 106D out Colum), Schedule E/F (Official n 2.			06G). Use Schedule D, Schedule E/F, or Schedule G t	o fill
Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule G, line Sch			P Code			bt
Number Street City State ZIP Code Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule G, line						
Number Street City State ZIP Code Schedule G, line Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule G, line						
Number Street	Name					
State ZIP Code					☐ Schedule G, line	
Schedule D, line Schedule E/F, line Schedule G, line Schedule		er Street			_	
Name Schedule E/F, line Schedule G, line Number Street	City		State	ZIP Code		
Name Schedule E/F, line Schedule G, line Number Street						
Number Street Schedule G, line	3.2				☐ Schedule D, line	
Number Street	Name				☐ Schedule E/F, line	
					☐ Schedule G, line	
	Numbe	er Street			_	
			State	ZIP Code		

Debtor 1 William	R. Richmond		
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court f	or the: SOUTHERN DISTRIC	CT OF OHIO	
Case number (If known)		-	Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Form 106l			13 income as of the following date: MM / DD/ YYYY
upplying correct information.	possible. If two married pec you are married and not fili	ng jointly, and your spouse is living	d Debtor 2), both are equally responsible for gwith you, include information about your spouse if more space is needed
Be as complete and accurate as upplying correct information. Is pouse. If you are separated an	possible. If two married pec you are married and not fili I your spouse is not filing w orm. On the top of any additi	ng jointly, and your spouse is living ith you, do not include information	d Debtor 2), both are equally responsible for
Be as complete and accurate as supplying correct information. I pouse. If you are separated an attach a separate sheet to this formation. Describe Employed. Fill in your employment information.	possible. If two married pec you are married and not fili I your spouse is not filing w orm. On the top of any additi	ng jointly, and your spouse is living ith you, do not include information ional pages, write your name and ca	d Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed, ase number (if known). Answer every question
Be as complete and accurate as supplying correct information. I pouse. If you are separated an ittach a separate sheet to this feat to be supplying the pouse. If you have more than one justice a separate page with information about additional	possible. If two married pec you are married and not fili I your spouse is not filing w orm. On the top of any additi	ng jointly, and your spouse is living ith you, do not include information ional pages, write your name and ca	d Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed, ase number (if known). Answer every question Debtor 2 or non-filing spouse
Be as complete and accurate as supplying correct information. I pouse. If you are separated an ittach a separate sheet to this feat to be supplying the pouse. If you have more than one just attach a separate page with	possible. If two married pec you are married and not fili I your spouse is not filing w orm. On the top of any additi	ng jointly, and your spouse is living ith you, do not include information ional pages, write your name and continuous pages. Debtor 1 Employed	d Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed, ase number (if known). Answer every question Debtor 2 or non-filing spouse
Be as complete and accurate as supplying correct information. I pouse. If you are separated an ittach a separate sheet to this feat to be supplying the pouse. If you have more than one justice a separate page with information about additional	possible. If two married pec you are married and not fili I your spouse is not filing w orm. On the top of any additi eent Employment status Occupation	ng jointly, and your spouse is living ith you, do not include information ional pages, write your name and ca	d Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed, ase number (if known). Answer every question Debtor 2 or non-filing spouse Employed Not employed

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

			non-filir	ng spouse
2.	\$_	5,400.00	\$	0.00
3.	+\$_	0.00	+\$	0.00
4.	\$_	5,400.00	\$	0.00

For Debtor 2 or

For Debtor 1

Official Form 106l Schedule I: Your Income page 1

Deb	tor 1	William R. Richmond	-	Case r	number (<i>if kno</i>	own)				
				For I	Debtor 1			Debtor 2 o		
	C	by line 4 have	4	\$	F 400			filing spo		
	Cot	by line 4 here	4.	Φ	5,400.	.00	\$		0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,000.	.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$.00	\$		0.00	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$	0. 165.	.00	\$		0.00	
	5f.	Domestic support obligations	5f.	\$—		.00	\$		0.00	
	5g.	Union dues	5g.	\$.00	\$		0.00	
	5h.	Other deductions. Specify:	5h	· · · · · · · · · · · · · · · · · · ·			+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,165.	.00	\$		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,235.	.00	\$		0.00	
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0	.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$-		.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		·			·			
		settlement, and property settlement.	8c.	\$.00	\$		0.00	
	8d.	• • •	8d.	\$.00	\$		0.00	
	8e.	Social Security	8e.	\$	0.	.00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		¢	0	00	¢		0.00	
	8g.	Specify: Pension or retirement income	_ 8f. 8g.	\$.00	\$		0.00	
	8h.	Other monthly income. Specify:	8h	· -			+ \$		0.00	
							i —			1
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.	.00	\$		0.00	
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	4	,235.00	+ \$		0.00 =	\$	4,235.00
	Add	I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								,
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	deper		•			chedule J. 11. +		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain lies						12. \$	·	4,235.00
								_	ombin onthly	ed income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?					***	y	
		Yes. Explain: Debtor's spouse will be applying for social secur	ity in	Janua	ary 2020					

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:			ı		
	tor 1	William R. R				Check	c if this is:	
Deb	NOT 1	William K. K	ichinona				An amended filing	
	otor 2							ving postpetition chapter the following date:
(Spc	ouse, if filing)						is expenses as or	the following date.
Unit	ed States Bankr	uptcy Court for the	: SOUTH	IERN DISTRICT OF OH	IO	1	MM / DD / YYYY	
1	e number nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your	Exper	ises				12/15
Be	as complete a	and accurate as	possible eded, atta	If two married people ch another sheet to the	are filing together, b is form. On the top o	oth are equa f any additio	lly responsible fon nal pages, write y	or supplying correct your name and case
Par		ibe Your House	hold					
1.	Is this a join	nt case?						
	No. Go to		_					
			ın a separ	ate household?				
	□ N		et file Offici	al Form 106J-2, <i>Expen</i> s	ses for Senarate House	ehold of Debte	or 2	
0			_	arr 01111 1000 2, <i>Expor</i> ia	ico for coparato frodo	onoid of Dobi	31 Z.	
2.	•	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's related Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Wife		64	■ Yes
								□ No
					-			☐ Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.		enses include		No				- 100
	•	f people other t d your depende	han $_{\square}$	Yes				
Par		ate Your Ongoi			i		anlamant in a Cha	
exp								apter 13 case to report f the form and fill in the
				government assistanc				
	value of such ficial Form 10		d have inc	luded it on Schedule I	: Your Income		Your exp	enses
(•		···,						
4.		or home owners and any rent for th		ses for your residence r lot.	. Include first mortgag	e 4. \$		0.00
	If not includ	led in line 4:						
	4a. Real e	state taxes				4a. \$		150.00
	•	rty, homeowner's	-			4b. \$		50.00
				ipkeep expenses		4c. \$		250.00
E		owner's associa			hanna amide de ese	4d. \$		0.00
5.	Additional n	nortgage paym	ents for yo	our residence, such as	nome equity loans	5. \$		0.00

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Debtor 1	William R. Richmond	Case num	ber (if known)	
. Utiliti	pc.			
	Electricity, heat, natural gas	6a.	\$	150.00
	Water, sewer, garbage collection	6b.	·	75.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.	· : — — — — — — — — — — — — — — — — — —	210.00
	Other. Specify:	6d.	·	0.00
	and housekeeping supplies	7.	·	600.00
	care and children's education costs	8.	·	0.00
	ing, laundry, and dry cleaning	9.	\$	75.00
	onal care products and services	10.	\$	75.00
	cal and dental expenses	11.	\$	
	portation. Include gas, maintenance, bus or train fare.	11.	Ψ	200.00
	t include car payments.	12.	\$	150.00
	tainment, clubs, recreation, newspapers, magazines, and books	13.		100.00
	table contributions and religious donations	14.	·	0.00
. Insura	<u> </u>	• • •	<u> </u>	0.00
	t include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.		0.00
	Vehicle insurance	15c.	·	100.00
	Other insurance. Specify:	15d.	*	0.00
	5. Do not include taxes deducted from your pay or included in lines 4 or 20.			0.00
Specif	, , ,	16.	\$	0.00
	Iment or lease payments:		*	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	\$	0.00
	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	·	0.00
	payments of alimony, maintenance, and support that you did not repo			
	cted from your pay on line 5, Schedule I, Your Income (Official Form 10		\$	0.00
	payments you make to support others who do not live with you.	,	\$	0.00
Specif	fy:	19.		
. Other	real property expenses not included in lines 4 or 5 of this form or on 3	Schedule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
	: Specify: pet expenses	21.		50.00
	pot expenses		. •	00.00
	late your monthly expenses			
	Add lines 4 through 21.		\$	2,235.00
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106	J-2	\$	
22c. A	add line 22a and 22b. The result is your monthly expenses.		\$	2,235.00
				,
	late your monthly net income.		•	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,235.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,235.00
00				
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	2,000.00
	The result is your <i>monthly net income</i> .	۷۵۵.	Ψ	2,000.00
For exa	ou expect an increase or decrease in your expenses within the year after ample, do you expect to finish paying for your car loan within the year or do you expect action to the terms of your mortgage?			or decrease because
Пуе				

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Fill in this infor	mation to identify your	case.			
Debtor 1	William R. Richm				
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO		
Case number					
(if known)					☐ Check if this is an amended filing
Official For	-				
Declarat	tion About a	ın Individual	Debtor's Sc	hedules	12/15
·	I8 U.S.C. §§ 152, 1341, 1 ∣n Below	377.			
Did you pa	ay or agree to pay some	one who is NOT an attorn	ey to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
•	alty of perjury, I declare re true and correct.	that I have read the sumn	nary and schedules file	d with this declaratio	n and
X /s/ Wil	liam R. Richmond		X		
Willian	m R. Richmond		Signature of	Debtor 2	
Signatu	ire of Debtor 1				
Date	December 6, 2019		Date		

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		nation to identify you				
Debt	or 1	William R. Richn First Name	nond Middle Name	Last Name		
Debt (Spou	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO		
Case	e number					
(if kno	_				_	Check if this is an mended filing
						g
∩ff	icial Fo	rm 107				
_			Affairs for Individ	duals Filing for B	ankruptcy	4/19
infori	mation. If moer (if knowr	ore space is needed, a). Answer every ques	attach a separate sheet to	this form. On the top of any	equally responsible for sup	
		current marital statu		Liveu Belole		
	■ Married					
İ	□ Not mar	ried				
2. I	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
 	■ No □ Yes. Lis	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	·	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory	
states	s and territori	es include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and W	/isconsin.)
	■ No	ka aura vau fill aut Cal	andula III Vaur Cadabtara (O	ficial Form 40CLIV		
	⊔ Yes. Ma ——	ke sure you fill out Scr	nedule H: Your Codebtors (O	mciai Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
I	Fill in the tota	I amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including partetogether, list it only once un		ndar years?
I	□ No					
I	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$61,864.50	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Willia	am R. Richmond	Documen		e number (if known)	
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)		■ Wages, commissions, bonuses, tips	\$65,000.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
	year before that: cember 31, 2017)	■ Wages, commissions, bonuses, tips	\$60,000.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
■ No □ Yes. Fill	in the details.	Debtor 1		Debtor 2	
		se and you have income that yource separat	_	•	
☐ Yes. Fill	in the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Part 3: List Ce	ertain Payments You	Made Before You Filed for I	Bankruptcy		
□ No. N e.	either Debtor 1 nor I	e's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol	mer debts. Consumer debts	s are defined in 11 U.S.C. § 10	1(8) as "incurred by an
	-	ore you filed for bankruptcy, did	d you pay any creditor a tota	I of \$6,825* or more?	
[☐ Yes List below paid that continct include	each creditor to whom you paid reditor. Do not include paymen payments to an attorney for the	ts for domestic support oblig nis bankruptcy case.	n one or more payments and the ations, such as child support a	nd alimony. Also, do
_		• •		or after the date of adjustment.	•
		or both have primarily consu ore you filed for bankruptcy, did		I of \$600 or more?	
ı	■ No. Go to line	7.			
Γ	include pay			I the total amount you paid that port and alimony. Also, do not i	

Total amount

paid

Amount you

still owe

Dates of payment

Creditor's Name and Address

Was this payment for ...

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		Document	Page 31 of 55	5		
Debtor '	William R. Richmond		Cas	se number (if known)		
<i>Insi</i> of w a bu	hin 1 year before you filed for bankruptc iders include your relatives; any general par which you are an officer, director, person in usiness you operate as a sole proprietor. 11 nony.	tners; relatives of any gecontrol, or owner of 20%	eneral partners; partners or more of their votin	erships of which you	ou are a genera ny managing a	I partner; corporations gent, including one for
■□	No Yes. List all payments to an insider.					
Ins	sider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
insi Incl	hin 1 year before you filed for bankrupto ider? ude payments on debts guaranteed or cosi No		ayments or transfer a	any property on a	ccount of a de	bt that benefited an
∐ Ins	Yes. List all payments to an insider sider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
			paid	still owe	Include credi	
Part 4:	Identify Legal Actions, Repossession	s, and Foreclosures				
List	hin 1 year before you filed for bankrupto all such matters, including personal injury of difications, and contract disputes. No Yes. Fill in the details.					
Ca	se title	Nature of the case	Court or agency	•	Status of the	e case
	hin 1 year before you filed for bankruptoeck all that apply and fill in the details below		perty repossessed, t	foreclosed, garnis	shed, attached	, seized, or levied?
	Yes. Fill in the information below.					
Cro	editor Name and Address	Describe the Property		Date		Value of the property
	his 00 days hafaya yay filad farahaylar	Explain what happen				
	hin 90 days before you filed for bankrup: counts or refuse to make a payment beca No Yes. Fill in the details.			nanciai institution	i, set on any a	mounts from your
	editor Name and Address	Describe the action to	he creditor took	Date taken	action was	Amount
	hin 1 year before you filed for bankruptc ırt-appointed receiver, a custodian, or ar		perty in the possess			fit of creditors, a
□	No Yes					
Part 5:	List Certain Gifts and Contributions					
13. Wit	hin 2 years before you filed for bankrupt	cy, did you give any gi	fts with a total value	of more than \$60	0 per person?	
	No Yes. Fill in the details for each gift.					
Git	fts with a total value of more than \$600 r person	Describe the gift	ts	Dates the g	s you gave ifts	Value

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Address:

Person to Whom You Gave the Gift and

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Case number (if known)

14.	Within 2 years before you filed for bankru	ptcy, d	id you give any gifts or contribution	s with a total	value of more than	\$600 to any charity?
	■ No					
	☐ Yes. Fill in the details for each gift or co	ntributi	on.			
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankrup or gambling?	tcy or	since you filed for bankruptcy, did y	ou lose anyth	ning because of thef	t, fire, other disaster
	■ No					
	Yes. Fill in the details.					
		D			Data afairm	Malara of managements
	how the loss occurred		be any insurance coverage for the lo		Date of your loss	Value of property lost
			the amount that insurance has paid. L ce claims on line 33 of Schedule A/B:		1033	1031
Par	t 7: List Certain Payments or Transfers					
	Include any attorneys, bankruptcy petition pro □ No □ Yes. Fill in the details.	eparers	s, or creat counseling agencies for serv	vices required	in your bankrupicy.	
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	Minnillo & Jenkins Co LPA		Attorney Fees - \$940		11/2019	\$1,250.00
	2712 Observatory Avenue		Court Costs - \$310			, ,
	Cincinnati, OH 45208					
	pjminnillo@minnillojenkins.com					
17.	Within 1 year before you filed for bankrup promised to help you deal with your credit Do not include any payment or transfer that you have a not include any payment or transf	itors o	to make payments to your creditors		r transfer any prope	rty to anyone who
	Person Who Was Paid		Description and value of any prope	erty	Date payment	Amount of
	Address		transferred		or transfer was made	payment
18.	Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre No Yes. Fill in the details.	busin made a	ess or financial affairs? as security (such as the granting of a se			
	Person Who Received Transfer		Description and value of	Describe	ny property or	Date transfer was
	Address		Description and value of property transferred		received or debts	made
	Porcon's relationship to you					

Debtor 1 William R. Richmond

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Debtor 1 William R. Richmond

Case number (if known)

19.	beneficiary? (These are often called asset-protection devices.) No							
	☐ Yes. Fill in the details.							
	Name of trust	Description and v	alue of the pro	operty trans	sferred	Date Transfer was made		
Par	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and S	torage Unit	es			
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.							
	■ No □ Yes. Fill in the details.							
		ast 4 digits of ccount number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Address (Number, Street, City,		the contents	Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?		
Pai	t 9: Identify Property You Hold or Control for	r Someone Else						
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value		
Pai	t 10: Give Details About Environmental Inform	nation						
For	the purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.							
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, nazardous material, pollutant, contaminant, or similar term.							

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 William R. Richmond

Case number (if known)

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No							
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice		
25.	Hav	Have you notified any governmental unit of any release of hazardous material?						
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.							
		■ No □ Yes. Fill in the details.						
	-	se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case		
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business					
27.	Wit	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?						
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
			Describe the nature of the business	cribe the nature of the business				
		dress mber, Street, City, State and ZIP Code)	ame of accountant or bookkeeper		Do not include Social Security number or ITIN. Dates business existed			
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.							
		No Yes. Fill in the details below.						
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued					

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Debtor 1 William R. Richmond Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ William R. Richmond Signature of Debtor 2 William R. Richmond Signature of Debtor 1 Date December 6, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

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LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re: William R. Richmond		Case No.
		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. Disclosure

1.	Disclosure			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy cafollows:			
F	or legal services, I have agreed to accept	\$	3,700.00	
	ior to the filing of this statement I have received		940.00	
В	alance Due	\$	2,760.00	
 3. 4. 	\$310.00 of the filing fee has been paid. The source of the compensation paid to me was: Debtor			
5.	 I have not agreed to share the above-disclosed compensation with any other persons unless they are members and/or associates of my law firm. I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. 			

II. Application

- 6. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,700, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,700, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
 - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
 - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided,

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legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in e. connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- Filing of address changes for the debtor; g.
- Review of claims; h.
- Review of notice of intention to pay claims; i.
- Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings; j.
- Preparation and filing of first motion to suspend or temporarily reduce plan payments; k.
- Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any 1. motion, objection, or hearing;
- Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings; m.
- Preparation and filing of debtor's certification regarding issuance of discharge order; n.
- Routine phone calls and questions; o.
- File maintenance and routine case management; and p.
- Any other duty as required by local decision or policy. q.
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

December	6,	201	9
----------	----	-----	---

Date

/s/ Andrew L. Ruben

Andrew L. Ruben OH-0085466 Name

Minnillo & Jenkins Co LPA 2712 Observatory Avenue Cincinnati, OH 45208 513-723-1600

Fax: 513-723-1620

pjminnillo@minnillojenkins.com

OH-0085466 OH

Fill in this information to identify your case:								
Debtor 1	William R. Richmond							
Debtor 2 (Spouse, if filing)								
United States B	Sankruptcy Court for the: Southern District of Ohio							
Case number (if known)								

Check	Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:										
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 5,671.58 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property **Debtor 1** 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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btor 1	William R. Richmond			Case number (if knowi	n)			
				Column A Debtor 1		Column B Debtor 2 o	or		
'. In	terest, dividends, and royalties			\$	0.00	\$	0.00		
	nemployment compensation			\$	0.00	•	0.00	•	
	o not enter the amount if you contend the Social Security Act. Instead, list it here		fit under						
	For you		.00						
	For your spouse	\$\$.00						
be no Ur di: pa do	ension or retirement income. Do not in enefit under the Social Security Act. Also at include any compensation, pension, pentied States Government in connection is estability, or death of a member of the unity paid under chapter 61 of title 10, then the ses not exceed the amount of retired pay retired under any provision of title 10 office.	o, except as stated in the next sente ay, annuity, or allowance paid by th with a disability, combat-related inju formed services. If you received any include that pay only to the extent y to which you would otherwise be e	ence, do le lry or y retired that it	\$	0.00) \$	0.00		
0. In Do re do Ur dis	come from all other sources not listed on the include any benefits received under ceived as a victim of a war crime, a crimementic terrorism; or compensation, pennited States Government in connection is sability, or death of a member of the univerces on a separate page and put the total compensation.	d above. Specify the source and are the Social Security Act; payments the against humanity, or international sion, pay, annuity, or allowance paiwith a disability, combat-related injust formed services. If necessary, list or	s I or d by the iry or						
				\$	0.00) \$	0.00		
				\$	0.00	\$	0.00		
	Total amounts from separate pag	ges, if any.	+	. \$		\$	0.00		
	alculate your total average monthly in ich column. Then add the total for Colur		\$	5,671.58	+ \$	0.00	= \$	5,671.58	
rt 2:	Determine How to Measure Your	Deductions from Income					m	onthly income	
2. C c 3. C c	opy your total average monthly incomalculate the marital adjustment. Check	ne from line 11.					\$	5,671.58	
	You are not married. Fill in 0 below.								
	You are married and your spouse is	filing with you. Fill in 0 below.							
	You are married and your spouse is	not filing with you.							
	Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.	spouse's tax liability or the spouse'	's suppo	rt of someone	other	than you or you	ur depend	lents.	
	If this adjustment does not apply, ent	er 0 below.							
			. \$		-				
	-		. Φ		-				
			+\$						
	Total		\$	0.00	-	Copy here=>		0.00	
4. \	our current monthly income. Subtract	ct line 13 from line 12.					\$	5,671.58	
5. (Calculate your current monthly incom	e for the year. Follow these steps	:						
1	5a. Copy line 14 here=>						\$	5,671.58	

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Debtor 1	William R. Richmond	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).		x 12
15	o. The result is your current monthly income for the year for this pa	rt of the form\$	68,058.96

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Debtor 1 William R. Richmond					Case number (if known)							
16	. Cal	ulat	e the median family income that applies to	you. F	ollow these	steps:						
	16a	Fill	n the state in which you live.		ОН							
	4.Ch	- :::::			2	_						
			n the number of people in your household.		<u>2</u>	_			62 514 00			
		To f	n the median family income for your state and ind a list of applicable median income amoun uctions for this form. This list may also be ava	ts, go o	nline using t	the link specified in the separate		\$	63,514.00			
17	. Hov	/ do	the lines compare?									
	17a		Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do									
	17b		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14	ulation								
Par	t 3:	C	alculate Your Commitment Period Under 11	U.S.C	. § 1325(b)(4)						
18.	Cop	у уо	ur total average monthly income from line	11			\$		5,671.58			
	Ded	uct t	he marital adjustment if it applies. If you ar hat calculating the commitment period under income, copy the amount from line 13.	e marri	ed, your spo	ouse is not filing with you, and you	_					
			e marital adjustment does not apply, fill in 0 or	n line 1	9a.		-\$_		0.00			
							Г					
	19b	Sub	tract line 19a from line 18.				:	\$	5,671.58			
20.	Cal	ulat	e your current monthly income for the year	r. Follo	w these step	os:						
	20a	Cop	y line 19b					\$	5,671.58			
		Mul	iply by 12 (the number of months in a year).					x	12			
									12			
	20b	The	result is your current monthly income for the	year fo	r this part of	the form		\$	68,058.96			
	20c.	Cop	y the median family income for your state and	d size o	f household	from line 16c		\$	63,514.00			
	21.	Hov	do the lines compare?									
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	vise ord	lered by the	court, on the top of page 1 of this form,	check box	< 3, <i>Th</i>	ne commitment			
			Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	Inless o	otherwise ord	dered by the court, on the top of page 1	of this for	m, che	eck box 4, The			
Par	t 4:	S	gn Below									
	By s	ignir	g here, under penalty of perjury I declare that	the info	ormation on	this statement and in any attachments	is true and	l corre	ect.			
)	(/s/	Wil	iam R. Richmond									
•	W	lliar	n R. Richmond									
	•		re of Debtor 1									
		MI	ncember 6, 2019 // / DD / YYYY // A NOT ('Illustration')									
	if yo	u ch	ecked 17a, do NOT fill out or file Form 122C-2	<u>′</u> .								

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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						_				
Fill in this in	nformation to id	lentify your	case:							
Debtor 1	William R.	Richmond	I							
Debtor 2										
(Spouse, if fi	ling)									
United State	s Bankruptcy Co	urt for the:	Southern Dis	trict of Ohio						
Case numbe	\r_									
(if known)	#I				-		☐ Che	ck if this is	an amende	ed filing
Official Form	n 122C-2									
Chapte	r 13 Calc	ulation	of You	r Dispo	sable I	ncome				04/19
	is form, you will t Period (Officia			ppy of <i>Chapt</i> e	ter 13 Statem	ent of Your (Current Month	ly Income	and Calculat	tion of
space is nee	ete and accurat ded, attach a se ages, write your	parate shee	et to this form	n, Include the						
Part 1:	Calculate Your I	Deductions	from Your Inc	come						
the quest	nal Revenue Se ions in lines 6-1 on may also be	5. To find the	he IRS standa	ards, go onli	ne using the					
expenses	e expense amou if they are highe and do not deduc	r than the sta	andards. Do n	ot include any	y operating ex	cpenses that y	ou subtracted	from incom		
If your exp	penses differ fron	n month to m	nonth, enter th	e average exp	pense.					
Note: Line	numbers 1-4 are	e not used in	this form. The	ese numbers	apply to infor	mation require	ed by a similar	form used i	n chapter 7 c	ases.
5. The	number of peop	ole used in d	letermining y	our deductio	ons from inco	ome				
plus	n the number of p the number of an umber of people	ny additional	dependents w						2	
National	Standards	You mus	st use the IRS	National Star	ndards to ans	wer the quest	ions in lines 6-	7.		
	d, clothing, and dards, fill in the d					d in line 5 and	d the IRS Natio	onal	\$	1,288.00
the o	of-pocket health lollar amount for le who are 65 or er than this IRS a	out-of-pocke olderbecau	t health care. use older peop	The number of the have a high	of people is sp gher IRS allow	plit into two ca vance for heal	ategoriespeop	ole who are	under 65 and	d

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William R. Richmond Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 110.00 Copy here=> 110.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 110.00 110.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 570.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,096.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **SN Servicing Corporation** 1,971.98 Сору Repeat this amount 1.971.98 1,971.98 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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William R. Richmond Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 191.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. **Describe Vehicle 1:** Vehicle 1 2008 Hyundai Veracruz 107k miles 13a. Ownership or leasing costs using IRS Local Standard..... 508.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment Consumer Portfolio Services, Inc. 193.37 Repeat this Copy amount on line 33b. **Total Average Monthly Payment** 193.37 193.37 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 314.63 314.63 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Сору Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 William R. Richmond Case number (if known)

		n addition to the expense d ne following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, social	I security taxes, and Medic vever, if you expect to rece in the total monthly amount	are taxes.	You may incefund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes.	\$	1,000.00
17.	Involuntary deductions: The contributions, union dues, and	, , ,	uctions tha	at your job re	quires, such as retirement		
			o, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total mo filing together, include payme Do not include premiums for I of life insurance other than telescopic states.	\$	165.00				
19.	Court-ordered payments: The administrative agency, such a Do not include payments on p	\$	0.00				
20.	Education: The total monthly	-					
	as a condition for your job,	, , ,					
	for your physically or ment	ally challenged dependent	child if no	public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly Do not include payments for a				sitting, daycare, nursery, and preschool.	\$	0.00
22.	Additional health care expethat is required for the health by a health savings account.	nses, excluding insurand and welfare of you or your Include only the amount th	ce costs: depender at is more	The monthly nts and that is than the total		Ф.	90.00
	Payments for health insurance	_				\$	90.00
23.	Optional telephone and tele for you and your dependents, phone service, to the extent n income, if it is not reimbursed Do not include payments for be expenses, such as those repo	+\$	0.00				
24	24. Add all of the expenses allowed under the IRS expense allowances.						
24.	Add lines 6 through 23.	wed under the ind expe	nse allow	ances.		\$	3,728.63
	Add lines 6 through 23. litional Expense Deductions	These are additional de Note: Do not include a	eductions	allowed by th		\$	3,728.63
Add	litional Expense Deductions Health insurance, disability	These are additional do Note: Do not include ar insurance, and health sa	eductions ny expens	allowed by the allowances			3,728.63
Add	litional Expense Deductions Health insurance, disability insurance, disability insurance	These are additional do Note: Do not include ar insurance, and health sa	eductions ny expens	allowed by the allowances	s listed in lines 6-24. ses. The monthly expenses for health		3,728.63
Add	Health insurance, disability insurance, disability insurance, disability insurance your dependents.	These are additional do Note: Do not include ar insurance, and health sa	eductions ny expens avings ac unts that a	allowed by the allowances count expendance reasonab	s listed in lines 6-24. ses. The monthly expenses for health		3,728.63
Add	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance	These are additional de Note: Do not include ar insurance, and health sae, and health savings acco	eductions ny expens avings acc unts that a	allowed by the allowances count expenser reasonab	s listed in lines 6-24. ses. The monthly expenses for health		3,728.63
Add	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	These are additional de Note: Do not include ar insurance, and health sae, and health savings acco	eductions ny expens avings accounts that a	allowed by the allowances count expenser reasonab 0.00 0.00	s listed in lines 6-24. ses. The monthly expenses for health		0.00
Add	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	These are additional de Note: Do not include au insurance, and health sae, and health savings acco	eductions ny expens avings accunts that a	allowed by the allowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24. ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tot	These are additional de Note: Do not include au insurance, and health sae, and health savings acco	eductions ny expens avings accunts that a	allowed by the allowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24. ISSES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tot No. How much do you Yes Continued contributions to continue to pay for the reason	These are additional de Note: Do not include an insurance, and health sa e, and health savings according a decident of the care of household or lable and necessary care a gour immediate family who	sylings accounts that a	allowed by the eallowances count expensare reasonab 0.00 0.00 0.00 0.00 embers. The art of an elder et to pay for s	c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may	r	
25.	Health insurance, disability insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this tot No. How much do you Yes Continued contributions to continue to pay for the reasor your household or member of include contributions to an ac Protection against family vi	These are additional de Note: Do not include an insurance, and health sate, and health sate, and health savings according to the care of household or nable and necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at other care of household or nable and necessary care at your immediate family who count of a qualified ABLE polence. The reasonably necessary care at your immediate family who count of a qualified ABLE polence.	s s s s s s s s s s s s s s s s s s s	allowed by the allowances count expensare reasonab 0.00 0.00 0.00 0.00 0.00 embers. The art of an elder e to pay for see to	c actual monthly expenses that you will rly, chronically ill, or disabled member of uch expenses. These expenses may	r\$	0.00

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Debtor 1	William R. Richmond	Cas	se number (if kno	own)					
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	e and operati	ing e	expense	es on			
	If you believe that you have home energy c 8, then fill in the excess amount of home en	sts that are more than the home energy cosergy costs	sts included in	n exp	oenses	on line			
	You must give your case trustee documents amount claimed is reasonable and necessa	tion of your actual expenses, and you must sy.	show that the	e ado	ditional		\$	0.00	
		ren who are younger than 18. The monthly bendent children who are younger than 18 years.							
	You must give your case trustee documenta claimed is reasonable and necessary and n	tion of your actual expenses, and you must out already accounted for in lines 6-23.	explain why t	the a	mount				
	* Subject to adjustment on 4/01/22, and eve	ry 3 years after that for cases begun on or af	fter the date	of ac	djustme	nt.	\$	0.00	
	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
		onal allowance, go online using the link spec o be available at the bankruptcy clerk's office		epar	ate				
	You must show that the additional amount of	aimed is reasonable and necessary.					\$	42.00	
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in ization. 11 U.S.C. § 548(d)(3) and (4).	n the form of	cash	or fina	ancial			
	Do not include any amount more than 15%	of your gross monthly income.					\$	0.00	
	Add all of the additional expense deduct Add lines 25 through 31.	ons.					\$_	42.00	
Dedu	uctions for Debt Payment								
	or debts that are secured by an interest pans, and other secured debt, fill in lines	n property that you own, including home 33a through 33e.	mortgages,	veh	icle				
	o calculate the total average monthly paymereditor in the 60 months after you file for bar	nt, add all amounts that are contractually du kruptcy. Then divide by 60.	ue to each se	cure	d				
	Mortgages on your home						Avera	age monthly	
33a.	Copy line 9b here					=>	\$	1,971.98	
	Loans on your first two vehicles							,	
33b.	Conviling 12h hara					=>	\$	193.37	
33c.						=>	\$	0.00	
33d.	List other secured debts:						· —		
	e of each creditor for other secured debt	Identify property that secures the debt		inclu	s paym ide taxe suranc	es			
					No				
	-NONE-				Yes		\$		
				_			Ψ		
					No				
					Yes		\$		
					No				
					Yes	+	\$		
						1	Ť _		
33e	Total average monthly payment. Add lines	33a through 33d	\$ 2	,16	5.35	Copy total here=	_	2,165.35	

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ebtor 1 William R. Richmond	or 1 William R. Richmond Ca					
34. Are any debts that you listed in lin or other property necessary for you						
☐ No. Go to line 35.						
■ Yes. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill it	ossession of your propert	ty (called the c				
Name of the creditor	Identify property that s	ecures the deb	-	Total cure amount	Month	
Butler County Treasurer	767 Vinnedge Ave 45014 Butler Cou		\$	5,980.85		99.68
			\$ \$		$\div 60 = \$$ $\div 60 = +\$$	
					Сору	
			Total	99.68	total here=> \$	99.68
			L			
No. Go to line 36.■ Yes. Fill in the total amount of a ongoing priority claims, suTotal amount of all past-or	ch as those you listed in	line 19.		12,605.64	<u>+</u> ÷60 \$	210.09
36. Projected monthly Chapter 13 plan	n payment		\$	S	_	
Current multiplier for your district as Office of the United States Courts (for the Executive Office for United State To find a list of district multipliers that incluseparate instructions for this form. This list	or districts in Alabama an s Trustees (for all other oudes your district, go online	d North Caroli districts). using the link sp	na) or by cified in the	.		
	•				Copy total here=> \$	
Average monthly administrative expe	ense			\$	liere=> \$ _	
37. Add all of the deductions for deb Add lines 33e through 36.	t payment.				\$_	2,475.12
Total Deductions from Income						
38. Add all of the allowed deductions.						
Copy line 24, All of the expenses a expense allowances		\$	3,728.63			
Copy line 32, All of the additional e.			42.00			
Copy line 37, All of the deductions	for debt payment	+\$	2,475.12			
		\$	6,245.75	Copy total here=	> \$	6.245.75

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btor 1	William R. R	lichmond			Cas	se num	ber (if known)		
rt 2:	Determine \	our Disposable Income Under	11 U.S.C. § 132	5(b)(2)					
		current monthly income from lin ur Current Monthly Income and						\$	5,671.58
ch dis rec	0. Fill in any reasonably necessary income you receive for support for depen children. The monthly average of any child support payments, foster care paym disability payments for a dependent child, reported in Part I of Form 122C-1, that received in accordance with applicable nonbankruptcy law to the extent reasonanecessary to be expended for such child.					\$		0.00	
em in '	1. Fill in all qualified retirement deductions. The monthly total of all amounts that you employer withheld from wages as contributions for qualified retirement plans, as specifin 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, specified in 11 U.S.C. § 362(b)(19).					\$		0.00	
42. To	tal of all deduc	tions allowed under 11 U.S.C. §	707(b)(2)(A).	Copy line 3	3 here=	> \$	6,24	5.75	
exp the	penses and you eir expenses. Yo	ecial circumstances. If special contains the have no reasonable alternative, or must give your case trustee a contain documentation for the expenses	describe the spe letailed explana	ciál circun	stances ar	ıd			
Descri	be the special	circumstances		Amo	unt of expe	ense			
				_ \$			-		
				_ \$			-		
				_ \$			-		
			Total	\$	0.00	Co hei	py re=> \$	0.00	
44. To	tal adjustment	s. Add lines 40 through 43.			=> [\$	6,245.75	Copy here=> -\$	6,245.75
45. Ca	lculate your m	onthly disposable income unde	er § 1325(b)(2).	Subtract li	ne 44 from l	line 3	9.	\$	-574.17
rt 3:	Change in I	ncome or Expenses							
46. Ch hav tim you	ange in incom ve changed or a le your case wil u filed your petit	e or expenses. If the income in Fare virtually certain to change afte be open, fill in the information be ion, check 122C-1 in the first colufill in when the increase occurred.	r the date you fil low. For examp mn, enter line 2	ed your ba le, if the wa in the sec	nkruptcy pe iges reporte and column	etition ed inc ı, exp	and during the creased after		
Form	Line	Reason for change		Da	e of change	•	Increase or decrease?	Amount of ch	ange
1220 1220 1220 1220 1220	C-2 C-1 C-2						☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease	\$ \$	

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Debtor 1	William R. Richmond	Case number (if known)		
Part 4:	Sign Below			
E	By signing here, under penalty of perjury you declare that the information	ation on this statement and in any attachments is true and correct.		
	/s/ William R. Richmond William R. Richmond Signature of Debtor 1			
	December 6, 2019 MM / DD / YYYY			

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Debtor 1 William R. Richmond Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2019 to 11/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: ESJ Carrier Corporation

Year-to-Date Income:

Starting Year-to-Date Income: \$27,835.00 from check dated 5/31/2019. Ending Year-to-Date Income: \$61,864.50 from check dated 11/29/2019.

Income for six-month period (Ending-Starting): \$34,029.50 .

Average Monthly Income: \$5,671.58.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Butler County Treasurer 315 High Street, 10th Floor Hamilton, OH 45011

City of Fairfield Income Tax Department 701 Wessel Dr. Fairfield, OH 45014

Consumer Portfolio Services, Inc. Attn: Bankruptcy PO Box 57071 Irvine, CA 92619-7071

SN Servicing Corporation 323 Fifth Street Eureka, CA 95501

Sottile & Barile 394 Wards Corner Rd. Suite 180 Loveland, OH 45140

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